s)	m of infor-	hould state	OCCUPA-		
	-WRITE PLAINLY, WITH UNFADING INK -THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-		
NG	VENT RECU	TLY. PH	fied. Exact		
ARGIN RESERVED FOR BINDING	S A PERMAN	ated EXAC	operly classi	tificate.	
SERVED F	NK-THIS IS	should be st	it may be pr	n back of cer	,
RGIN RES	NFADING D	plied. AGE	rms, se that	instructions o	
	Y, WITH U.	carefully sup	'H in plain te	TION is very important. See instructions on back of certificate.	
	TE PLAINL	a should be	E OF DEAT	is very impo	
F-1	-WRI	mation	CAUS	TION	

N. B.-WRITE

STATE OF	MARYLAND-CERTIF	ICATE O	F DEATH
----------	-----------------	---------	---------

1. PLACE OF DEATH	—— ®
County liber erster	Registration Dist. No. 3574
Village or City Juhnan's Mesk and	NoSt., Ward
(lf	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME not named Becke	tts
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
Female Colonal OR DIVORCED (write the word)	(Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
107/	, 19 , to , 19 , 19 , 19 , 19 , 19 , 19 , 19 , 1
6. DATE OF BIRTH (month, day, and year) 20 1936 7. AGE Years Months Days If LESS than	I last saw h alive on, 19; death Is said to have occurred on the date stated above, at m
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trede, profession, or particular	were as follows: Oate of onset
No. Treue, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Still born
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc	
O 10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Sohning Meel. (ml.) (State or country)	Other Coutributory Causes of importance:
13. NAME John Young Beskette	
13. NAME John Jonny Beskette  14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME Florette Bestries Callion	23. If death was due to external causes (VIOLENCE) fill in also the following:
	Accident, suicide, or homicide? Date of Injury, 19
≤ (State or country)	Where did injury occur?
17. INFORMANT Luia Wilson (Address) Starpton, Ind	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Structures (Auch Mondel Mar. 21, 1936.	Nature of injury
19. UNOERTAKER Janey Bennett (Address) Jakhfan Ind	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO 3/3/ 1936 mary m. Taylor Registrar.	(Signed) Mary M. Taylor Local Region)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the oecupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be ealled a salesman and not a elerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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ation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state ACSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-FION is very important. See instructions on back of certificate.

STATE	OF	MARYLA	ND-C	ERTIFIC	ATE	OF	DEATH	34 66
DEATH								

1. PLACE OF DEATH	
County Warestie	Registration Dist. No. 3174
Village or City Stachtan. Mil	No. St Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
011	sds. How long in U.S. if of foreign birth?yrs,mosds.
2. FULL NAME Thomas alpha Dava !	Jumil .
(a) Residence; No. Jacktum, MM (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Femule Poloure OR DIVORCED (write the word)	(mar. 2, 19836
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of	22. I HEREBY CERTIFY, Thet I ettended deceesed from
6. DATE OF RIRTH (month, day and year) NUV 19 1934	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, end year) (N - ) 9. 93 4  7. AGE Years   Months   Days   If LESS than	l last saw h; death is sald
1 day,hrs.	to have occurred on the date stated above, at 1.2 112 Am.  The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance
8 Trade profession or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	A file man fame with
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occuration (morth and	Par Denden Olivania 17-950
SAW MILL, BANK, etc	Domettena Dimitar D
Shallf III fills	Crank brown This
year) occupation	Other Contributor Causes of importance: Broncho-freymonia, proceed
12. BIRTHPLACE (city or town)	description, and died at exa
(State or country) When every Eu	Information air was gold
13. NAME Cloved Harmon  14. BIRTHPLACE (city or town)	- aliver not due to dipletheria cutos
14. BIRTHPLACE (city or town)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town).  (State or country)	Accident, sulcide, or homicide?
4 9 0 7	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT All le. Dunnell. (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Jus: 71: Farming Pinton Onus. 2, 1936	B M 4 22 1
Marine B. At	
19. UNDERTAKER Strong Dunned (Address) Lock Low mil	24. Wes disease or Injury in any way related to occupation of deceased?
20, FILED 3/2 1936 man m. Taylor	(Signed) Mary M Tauler Least Rigistra
20. FILED 19.56 V Many M. Pagistrar.	(Address) Atachten mil
If more blanks are maded address Sees Paris	W. O. I. C P. J. D

V. S. No. 1

iress State Registrar, 2411 N. Charles Street, Balismore, Requesting V. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	400	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
H RUREAU V. S.	1 8		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

STATE OF MARYLAND—CERTIFICATE OF DEATH 3407

	1. PLACE OF DEATH		
	County Warcuster	Registration Dist. No.	~2
	Village or City Bestern Pad	No.	Ward
	(If	death occurred in a hospital or institution, give its NAME instead of street and nu	
	Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmos	ds.
	2. FULL NAME Jangel Drage	Local If U.S. Veteran, specify WAR	
	(a) Residence: No. Bushen And	St., Ward.  If nonresident give city or town and S	data.
	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	rate
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Partie the word)	21. DATE OF DEATH	6
1	May Widanles	(Month) (Day)	(Year)
	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended d	eceased from
	James 1900 11101 a	l last saw h last alive on Walth 16 16 6	deeth is said
are	6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at	neerii 12 2aid
	/ 4 3 10 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
120	S. Trade, profession, or perticular	were es follows:	Date of onset
10	kind of work done, as SPINNER, SAWYER BOOKKEEPER, etc.	Accept Mesocandets.	wera
A CP	9. Industry or business in which work wes done, es SILK MILL,		
Da	SAW MILL, BANK, etc.		
OII	11. Total time (years) this occupation (month and spent in this		
Suc	year) occupation	Other Contributory Causes of importance;	
Ĭ i	12. BIRTHPLACE (city or town)	(mmu summer as nyphotes	auta
irr	(State or country)		
E	13. NAME May Bladford		
See	13. NAME May Gladyard  14. BIRTHPLACE (city or town)  (State or country)	Name of operation Date of	
	(State of country)	What test confirmed diagnosis? Was there an au	
ant	15. MAIDEN NAME May Jaylou  16. BIRTHPLACE (city or town)  (State or country)	23. If death wes due to external causes (VIOL ENCE) fill in elso the following:	
portant	16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of injury	, 19
E E	(State of County)	Where did Injury occur?  (Specify city or town, county and State	
2	17. INFORMANY (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
9	18. BURIAL, CREMATION, OR PEMOVAL	Menner of injury	
502	Place Dullin Dud Date MAL 19, 1936	Nature of injury	
5	1. M B. Shee	24. Wes disease or injury In any way related to occupation of deceased?	
=	19. UNDERTAKER (Address)	If so, specify	
1	3/1/0 21 8 8 1 111/1-1	(Signed) Jally Odoma	M. D.
1	20. FILED 19-34 Registrar.	(Address) Bestu Red	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example 1		Example II	
The principal cause of death and related car of importance were as follows:	EDIN	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		Run over by street car	1 week ago
Cerebral hemorrhage APR 3	July 5, 1927	Peritonitis	3 days ago
BUREAU V	. S.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

X	PHYSI-	PLACE OF DEATH County CORPOSAS	2 7
CORD	XACTLY, classified cate.	Villay or city (No.	St.: Ward) (If death occurred a hospital cr institution, give its NAME is stend of street as number.)
A. S. E.	properly of certifie	PERSONAL , ND STATISTICAL PARTICULARS  3 SEXA 4 COLOR OR RACE 5 SINGLE.	MEDICAL CERTIFICATE OF DEATH  16 DATE OF DEATH  17 STORY  18 DATE OF DEATH
NDING	mey be	MARRIED. WIDOWED. OR DIVORCED (Write the word)	17 DI HEREBY CERTIFY, That I attended the deceased from 1976 to Well 197
FOR BIN	ACE shot it uctions	(Month) (Day) (Year)  7 AGE   If LESS than	that I last saw he alive on Meh 187 185 and that death occured on the date stated above, at 3
RVED KTHIS	supplied n terms s See instr	B OCCUPATION (a) Trade, profession or particular kind of work the service of the	The CAUSE OF DEATH * was as follows:  Steering & Braun
RESE ING IN		(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yis in 28.
MARGIN	EAT Im	10 NAME OF SUM Massey  TATHER SUM Massey	(Signoff) (Daration) (Paration) (Signoff) M.
A H	cause of	ST 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causa, atate (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
YILY	Information state occupa	of MOTHER HENNELLS WALLING  13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Traients or Recent Residents)  At place of deathyrsmosds.  Where was disease contracted,
ITE P	tern of should ent of C	(Informant) Land What What I	Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER

iospitals, Institutions, Trans-

(If death occurred in a hospital or institu-tion, give its NAME in-steed of street and number.)

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registral

° Z

8

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) (a) Foreman, (b) Automobile factory. The should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer. whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. household only (not paid Housekeepers who receive a Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day For persons who have no occupation Stationary fireman, etc. Locomotive engineer, But in many (b) Grocery; material

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia. ("Pneumonia,")

> "(Exhaustion," "Heart ranure, "Old Age," "Shock," stated unless important. Example: Mcasles (disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy." "Collapse," "Coma," "Convulsions," use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature American Medical Association.) as fracture of skull, and consequences (e.g., sepsis Recommendations on statement of cause of ..... (name origin; "Cancer" is less definite; avoid cough; Chronic valvular heart discuse; affection etc. The contributory need not

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is exental and must be obtained before the certificate is permanently filed.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	13
1. PLACE OF DEATH	(B) ×	- W
county Wanceslyn	WITHIN CORPORATE Registration Dist. No.	50
Village or City to course te	Leno. St.	Ward
Length of residence in eity or town where death occurredmos	death occurred in a hospital or institution, give its NAME instead of street and n	
2. FULL NAME IN LEVEL ( COLL	Off U. S. Veteran, specify WAR	
(a) Residence: No. (Usual place of abode)	St., Ward. 1 If nonresident give city or town and it	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4 COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Mar 25  (Month) (Day)	, 193_6 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. March 25, 1936, 10 March 20	leceased from
6. DATE OF BIRTH (month, day, and year) 40 - 10 - 1882	I last saw have alive on may 26, 1936	; death is said
7. AGE Years Months Days If LESS than 1 dey,	to have occurred on the date stated above, at 2.30 f.m.	
or min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
8. Trade, profession, or perticular kind of work done, as SPINNER. SAWYER, BDDKKEPER, etc.		
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Mr. Dong	3/24.5
11. Date deceased lest worked at this occupation (month and 1936 spent in this occupation)		
12. BIRTHPLACE (city or town) Nocestu Bo (State or country)	Other Coutributory Causes of importance:	
	fullistes references.	(
13. NAME 13. NAME 14. BIRTHPLACE (city or town) 14. State or country)	Neme of operation Date of What test confirmed diagnosis?	
I 15. MAIDEN NAME Cetterus Celling	23. If deeth was due to external causes (VIOL ENCE) fill in also the following:	
15. MAIDEN NAME CETTURE Collins  16. BIRTHPLACE (city or town) & Doret Kreov  (State or country)	Accident, suicide, or homicide? Date of Injury	
17. INFORMANT da Ceologia Mil	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLA	CE.
18. BURIAL CREMATION OF REMOVAL HOTIGE CONTROL OF THE CONTROL OF T	Manner of injury	
19. UNDERTAKER PRINTER TO THE COLOR (Address) Comolas Comolas Comunical	24. Was disease or injury in any way related to occupation of deceased?	40
20. FILED Mak 26, 19 36. Johne J. Registrar.	(Signed)(Address)	M, D,
Registrat.	(nucleas)	-

If more blanks are needed, address State Registrar, 2422 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis APR 3 1930	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

M)	. + t - /	STATE OF MARYLAND—	CERTIFICATE OF DEATH 3410
>	state UPA-	1. PLACE OF DEATH	10
(C)	of ild	County Wolcesles TR LIMIT	Registration Dist. No. 35/
0		Village or City THIN Show Hill	No. St., War
M	shor of O	(II	death occurred in a hospital or institution, give its NAME instead of street and number)
(	it Na	Length of residence in city or town where death occurredyrs	ds. How long in U.S. if of foreign birth?yrsmosd
	E E	2. FULL NAME Thanklin IT. Conques	If U. S. Veteran, specify WAR
	D. Every YSICIAN Statement	(a) Residence: No.	St, Ward. X
		(Usual place of abode)	If nonresident give city or town and State
7	RECC. PF Exact	PERSONAL AND STATISTICAL PARTICULARS  3. SEX   4. COLOR OR BACE   5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
/		Male ORDIVORCED (grite the word)	March 26 1936
10	CTLY sifed.	5a. If married, widowed, or divorced	(Month) (Day) (Year)
Z		HUSBAND of (or) WIFE of	22 I HEREBY CERTIEN, Thet I attended deceased fro
BINDIN	X A Class	01/4	March (1 136, 10 March 18 19 30
BII		6. DATE OF BIRTH (month, day, and year)	I last saw h./ M. alive on March 18, 1936; deeth is sa
2	IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, at
FOR	IS A P stated properl	3 49 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Oats of ones
	S e s	8. Trade, profession, or particular kind of work done, as SPINNER.	f g
回	THIS Id be ty be tk of	SAWYER, BDOKKÉEPER, etc.	Latory Marine 3/0/2
RV	Should it may n back	work wes done, as SILK MILL, SAW MILL, BANK, etc.	Jour Menning 18/0
国	Sh it	5 10. Oete deceesed last worked at 11. Total tima (years)	
RESERVED	(T)	this occupation (month and spant in this occupation	Dita Cartilla Carrational
	NFADING pplied. AGI erms, so tha instructions	12, BIRTHPLACE (city or town)	Dther Contributory Causes of Importance:
RGIN	AD sd.	(State or country) Maryland	Mumpollar
R	pplied erms, instri	13. NAME Manford Conquest	
	D # 4 "	14. BIRTHPLACE (city or town).	Neme of operation Oele of A
	E -= 00	(otate of country)	What test confirmad diagnosis? Was there an autops
	Y, WITI carefully I'H in pla ortant.	15. MAIDEN NAME Cathel Wowning	23. If death was due to external causes (VIOLENCE) fill in elso the following:
	Y, are H i	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Oale of injury19
	AINLY, d be ca DEATH y import	(Stata or country) Myggnac	Where did injury occur? (Specify city or town, county and State)
	AI d b DE DE	17. INFORMANT Mandford Conductor	Specify whather injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
	Should OF D	(Address) Snow Will mg	
		Place Dock of 1913 (Date March 97, 19:36)	Manner of Injury
,	A SPS	Place Dogwal Law Date Hawn 41, 1930	mature or injury
-	Mation CAUS TION	19. UNOERTAKER Harne & grund	24. Was diseese or injury In any way related to occupation of doceased?
S. No.	m A	(Address) Show Nills 2nd	If so, specify that school -
, N	z (	20. FILED 3/26/, 1936 LE Coe Swith	(Signad) (Signad) M.
10		Registrar.  If more blanks ar needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
		-, more removed and the state Activities,	equality Council Oriect, Dummore, Acqueming C. S. 140. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	H	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1 5 5 5 1 1 5 5	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage APR 6 1938	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 B ż TION is very important. See instructions on back of certificate.

STATE OF	MARYI	AND-CER	TIFICATE	OF	DEATH	341
JINIL OI	IAIVALL	AIND CLI	III IONIL	O1	DLAIII	

STATE OF MARTLAND	CENTILICATE OF DEATH
1. PLACE OF DEATH	TOWN STITE OF CORPORATE MAINS A.
County Nance sky	Registration Dist. No. 350
Village or City Toronco le Cool	
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?ds.
2. FULL NAME Deorge Cooks	If U. S. Veteran, specify WAR World,
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Wole Colord S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March 28 -, 193 6. (Month) (Day) (Year)
5a. If married, widowed or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Lout Regard.	last saw him Dead. March 28. 1936 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, about 7. P. A
about 35 - I day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	Murdered. peath caused by stabbing
SAWYER, BOOKKEEPER, etc.	in Chest, by either Alonzo Gurby
9. Industry or business in which work was done, as SILK MILL,	or Herman Gunby.
SAW MILL, BANK, etc. 11. Total time (years)	This is the verdict rendered by a
this occupation (month and 1236 spent in this occupation	cororners Jury.
12. BIRTHPLACE (city or town) attlaceta	Dther Contributory Causes of importance:
(State or country)	
13. NAME 1120 90 Book	
13. NAME 10 90 11 11 11 11 11 11 11 11 11 11 11 11 11	Name of operation Date of
(State or country)	What test confirmed diagnosis? Dr. A. A. P. r. Westhere an autopsy?
# 15. MAIOEN NAME Cout token	23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIOEN NAME About taken	Accident, suicide, or homicide? Homicide Date of Injur 3/28/1, 19.56
∑ (State or country)	Where did injury occur? Poomake Gity . Md. (Specify city or town, county and State)
17 INFORMATION COOK	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Ho Comercial O Contro Med,	Public Place
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Stab Wound
Holked Hell acce, Date Mar 3/ , 1936	Nature of injury
19. UNDERTAKER JAMON P. Stevenson	24. Was disease or injury in any way related to occupation of deceased? NO
(Address) focomobe lety, Mid,	If so, specify Justice of the
20. FILED Meh 30, 1936. John J. Perly	(Signed) Peace, act! Coronne (Address) Pocomoke City Md.
	1000

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I E D	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arterioscierosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state D. Every item of infor-

> stated EXACTLY properly classified.

Exact statement of OCCUPA.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

B. WRITE PLAIN

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V. S. No. 1

	1. PLACE OF DEATH	CERTIFICATE OF DEATH
	County Worcester LIMIT .	Registration Dist. No. 3 57
/	Village or City Thow Hell	NoSt.,Ward
/	Langth of residanca in only or town where death occurred	f death occurred in a hospital or institution, give its NAME instead of street and number)
/	2. FULL NAME John H. Kannenha	uel If U. S. Veteran, specify WAR 10
	(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male White S, SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March 55 , 193 (Month) (Day) (Year)
	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jawa B. Rannenhauer	227 I HEREBY CERTIFY. That i attended deceased from 1832 to March 16 1936
rte.	6. DATE OF BIRTH (month, day, and year) 70%. 10 186/	I last saw h/M alive on March 16 ,1936; death is said
certificate	7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 7.30 fbm.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
of ce	8. Trade, profession, or particular kind of work done, as SPINNER Harmer SAWYER, BOOKKEEPER, etc.	Date of onset
back	9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	Oardis- vascular Kinal
ou pa	10. Date deceased last worked at this occupation (month and 103) spent in this	Disease 1932
instructions	year)	Other Contributory Causes of Importance:
ruc	(State or country), Allewary	Unimportant
inst	13. NAME having Wannenhauer	
See	13. NAME Naveg Wannenhauer  14. BIRTHPLACE (city or town) Jumany  (State or country)	Name of operation
nt.	15. MAIDEN NAME Sont Toron	23. If death was due to external causes (VIOL ENCE) fill in also the following:
rta	15. MAIDEN NAME About Throw  16. BIRTHPLACE (city or town).  White or country)	Accident, suicide, or homicide?Date of injury19
ry important.	17. INFORMANT / Caurie Covington /	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
is very	18. BURIAL, CREMATION, OR REMOVAL Place Settle Warren Date March 97, 1936	Manner of injury
TION	19. UNDERTAKER Hearne + Demnigs (Address) Proper Hill mid	Nature of injury 24. Was disease or injury in any way related to occupation of decaased? PLO  If so, specify
7	20, FILED 3/2 6, 1936 REROY Sheith Registrar.	(Signed) T. Albalache M.D. (Address) From Still, Md
7	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis APR 6 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage   BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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S. No.

STATE OF MARYLAND-CERTIFICATE OF DEATH Registration Dist. No (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of rasidanca in city or town where death occurred How long in U.S. if of foreign birth? vrs. mos ds. 2. FULL NAME If U. S. Veteran, specify WAR (a) Residence: No. Ward. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4 COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Day) (Year) 5a, If married, widowed, or divorced HUSBAND of 22. (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Days If LESS than to have occurred on the date stated above, at 2,00 1 day .....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or .... min. wera as follows: Date of onset Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc .... Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc.\_\_\_\_ 10. Date dacaasad last worked at 11. Total time (years) this occupation (month and occupation C year) \_\_\_\_\_ 12. BIRTHPLACE (city or town (State or Country) HER FAT 14. BIRTHPLACE (city or town) Name of operation (State or country) What test confirmed diagnosis? MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Date of injury\_\_\_\_\_, 19 Accident, suicide, or homicide?. 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? \_\_ (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. 18. BURIAL, CREMATION OR REMOVA Manner of injury Nature of injury. 24. Was disease or injury in any way related to occupation of deceased? If so, spacify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

(Signed)

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	Example 1		Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1 455 3 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	41 41 V. S.	July 5,1927	Peritonitis	3 days ago
	!			
Other contributory	auses of importance:		Other contributory causes of importance:	
Gallstones	Deliff Live Co.	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

of OCCUPA-

STATE OF	MARYLAND-	CERTIFICATE	OF	DEATH
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2.11.1

1. PLACE OF DEATH	9
County Worcesley.	Registration Dist, No.
Village or Gen Girdletree	No. St. Ward
, (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Kenneth M. Stisher	If U.S. Veteran specify WAR.
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR OR RACE OR DIVORCED (2000 the word)	21. DATE OF DEATH arch 2 193 (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
	, 19, to, 19,
6. DATE OF BIRTH (month, day, and year) 2011 31 1935	I last saw h; death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	no Doeloz ne allendance. Date of onset
kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc	From history by
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	fatteer, he died from
SAW MILL, BANK, etc	Whooping Conglet
this occupation (month and spent in this year)	
0	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	
7 // 6	
14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(Stele of country)	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME May Gastungs	23. If death was due to external causes (VIOL ENCE) fill in also the following:
	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT / Oword Tusher (Address) Stockton Mo R. TI. ()	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF BEMOVAL	Manner of Injury
Place Judiffeld Ball anch 3, 1936	Nature of injury
19. UNDERTAKER Haame & Dennis	24. Was disease or injury in eny wey related to occupation of deceased?
(Addiess) Prow Kall Pud	If so, specify
20. FILED 2/2 , 1936 REROY Swith,	(Signed) LEtoy Swell N. O.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			- Territoria

V. S. No. 1

of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 3415
1. PLACE OF DEATH	
county Worcester	Registration Dist. No. 357
Village or Cityrean Stockton	No. St. Ward
Length of rasidence in city or town where daath occurred. 3 vrs. 4 mos.	death occurred in a hospital or institution, give its NAME instead of street and number)
1. 1. + T.	
2. FULL NAME (Kover Tusher)	. 1
(a) Residence: No. Atockton. (m)	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Male White Single, MARKED, WIDOWED, OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowad, or divorced	(month) (Day) (Teal)
HUSBAND of (or) WIFE of	1 HEREBY CERTIFY, That I attanded deceased from
6 1 20 10 20	Mow 10, 1936, to Mch 15, 1936
6. DATE OF BIRTH (month, day, and year) CCT. 27. 1986	I last sew have alive on Mch. 13.6; death is said
7. AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
3   4   / or min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:
8. Trade, profassion, or perticular kind of work done, as SPINNER.	All formations of
SAWYER, BOOKKEEPER, etc	Vinooping Cough
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	andf
	A J
10. Dete dacaesed lest worked et this occupation (month and year)	Oroughs - Oneumorua
12. BIRTHPLACE (city or town) 144	Other Contributory Causes of importance:
(State or country) May and	
13. NAME Nowoodf Fisher	
14. BIRTHPLACE (city or town)	Name of operation.
(State or country) Originally	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME May Ella Struge	23. If death was due to external causas (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicida? Date of Injury
(State or country) Manyland	Whare did injury occur?
17. INFORMANT HOUSE THE TESTICAL (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL A Jahre M.	Manner of Injury
Place M. P. Cemby Jul Dota Mar. 18, 1936	Nature of injury
1 1	16
19. UNDERTAKER LUttlease Ville	24. Was diseasa or injury in any way ralated to occupation of dacaasad?
1	(Signad) Johns at Dickerson M.D.
20. FILED Man 1 , 19 26 Many M. Laufe. Registrar.	(Address) I for let to the letter of the letter)
ACE#1/61.	CINTERNAL PHOL

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 1 APD 7 1936	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ARGIN RESERVED FOR BINDING

	County	n	oces	ter		Registration Dist. No. 353
	Village or C	ity	Bis	hope		NoSt.,
	Length of resid	danca in city	y or town whera	death occurred		death occurred in a hospital or institution, give its NAME instead of street and number  ds. How long in U.S. if of foreign birth?yrs,mos,
2	. FULL NAI	ME		Still	irth -	Hall
	(a) Residen	ce: No				St., Ward.
_	PERSON	AI ANI	CTATICT	(Usual place		If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. S			OR RACE	5. SINGLE, MAR	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH  March 15 , 193  (Month) (Day)
5a.	If married, widow HUSBAND of (or) WIFE of	ad, or divor	ced			22. I HEREBY CERTIFY, That I attended decease
6. I	ATE OF BIRTH (	month, day.	and year)	mar. 1:	5,1936	
7. A			Months	Deys	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
Z	8. Trade, profas	sion, or per ork done, e	ticular s SPINNER,			
OCCUPATION	9 Industry or I work was	BDOKKEEP businass in done, es SI L, BANK, et	which LK MILL,			Stillbirth
000	10 Date decease	d lest work	ed at	spe	ime (yeers) nt in this upetion	
12.	BIRTHPLACE (cit (Stete or coun		Sh	owell,	md.	Dther Coutributary Causes of importance:
ER	13. NAME		2hom	as sto	all	
FATHER	14. BIRTHPLACE (State or		vn) Ll	howell	, md.	Nama of operation Date of Wes thera an autopsy
ER	15. MAIDEN NAI	ME	Est	her Ha	ll	23. If daath was due to axternal causas (VIOLENCE) fill in also the following:
MOTHER	16. BIRTHPLACE (State or		(n)	Berlin,	md	Accident, suicide, or homicide? Date of injury, 1 Where did injury occur?
17.	INFORMANT (Address)		2hom	as/Ha	ll	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMAT	on, or re	Cernet	Tryate m	m. 16, 19. 36	Menner of injury
19.	UNDERTAKER (Address)	Fa	ther	0		24. Wes disease or injury in any way related to occupation of deceased?
20	FILED MA	v. 16 1	3/- 0	ames d	Ryan	(Signed) James A. Ryan L. R

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance;		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Rec. 1st - on 4/4/36

dia - 3

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Control	Registration Dist. No. 312
Village or City Color City	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
12. HI Wallet	ds. How long in U.S. if of foralgn blrth?yrsmosds.
2. FULL NAME TOUCH	If U. S. Veteran, specify WAR
(a) Residence: Au Cusual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR BR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH 78 98
Jencele Toketa OR DIVORCED (write tha word)	193
5a. If marriad, widowed, or divorcad	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. A I HEREBY CERTIEY That I attended deceased from
2008/36	10 to 110 to 956
6. DATE OF BIRTH (month, day, and year)	last saw h alive on 19 ; death is said
7. AGE Waard Months Days If LESS than	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
Ormin.	ware as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Well tomer
9. Industry or business in which	Then meteratel
SAW MILL BANK etc	of True of touth
10. Data dacasad last worked at this occupation (month and spant in the	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town 12.	
(Stata or gountry)	
13. NAME 12-4 N POOP	
14. BIRTHPLACE (city or town)	Name of oparation
(Stata or country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town).	23. If daath was dua to axtarnal causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town).	Accident, suicide, or homicide?
(State or county)	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT THE TOTAL	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE
(Address)  18. BURIAL, CREMATION, OR REMOVAL	· Manner of injury
Place Determ My Data Men 29, 19	Nature of injury
1 L Mulane	24. Was disaasa or injury In any way related to occupation of dacaased?
19. UNDERTAKER (Addrass)	If so, specify
2/26 26 J Cm 1. 11	(Signad) The Four Seaf M.
20. FILED O / 1959 Registrar.	(Address) of acase of the
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1036	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage V.S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# ARGIN RESERVED

STATE OF MA	RYLAND-	CERTIFICATE OF DEATH 3413	3
1. PLACE OF DEATH		(22.0) X	
County Worlesson		Registration Dist. No. 353	
Village or City Bishoptvill	e MD	No. St.,	War
Length of residence In city or town where deeth occurred_	7	death occurred in a hospital or institution, give its NAME instead of street and num ds. How long in U.S. If of foreign birth?mrsmosms	
2. FULL NAME Essie Hie	68		
(a) Residence: No Bishohvil	6 M.D	St. Ward.	
(Usual pl	ace of abode)	If nonresident give city or town and Sta	te
PERSONAL AND STATISTICAL PAR		MEDICAL CERTIFICATE OF DEATH	
Female colored no	ARRIED, WIDOWED, RCED (write the word)	21. DATE OF DEATH (Month) (Day)	(Year)
Se. If married, widowed, or divorced HUSBAND of David Hicks (or) WIFE of David Hicks		22. I HEREBY CERTIFY, That I attended dec	eased fro
6. DATE OF BIRTH (month, day, and year) June	11, 1884	Hast saw her elive on morch 27, 193 6; d	eeth is sa
7. AGE Years Months Days	If LESS than	to have occurred on the date steted above, et 6 Qm.	
46 47 9 19	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	ata of ons
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	***********	(Iretra Herromho)	re ;
9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc.			-29
0 10. Date deceased last worked at 11. To	tal time (years) 🔔 📗	}:	-27-
Time cood patient (month of the	spent in this aft	-	
12. BIRTHPLACE (city or town). Virginimu	a	Other Contributory Causes of Importance:	
(State or country)			
13. NAME Elicia Rud			
14. BIRTHPLACE (city or town). Virgining	<u></u>	Name of operation Dete of	
(State of country)		What test confirmed diagnosis? Was there an auto	psy?
15. MAIDEN NAME No not kno	1	23. If death was due to external causes (VIOL ENCE) fill in elso the following:	
	enow	Accident, sulcide, or homicide? Dete of Injury	., 19
State or country)		Where did Injury occur? (Specify city or town, county and State)	
17. INFORMANT But to CAN (Address) Bibliotherilla	U A	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	•
18. BURIAL, CREMATION, OR REMOVAL DURANTE	em,	Manner of Injury	
Place Apr 2 Date	19.3.6	Nature of injury	
19. UNDERTAKER P. W. Watson & S. (Address) A Margallan D.	on	24. Was disease or injury in any way related to occupation of deceased?	٦.
20 FILED Upul 219 3 6 Janos	A. Remin	(Signed) SE Jacobs	M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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P. P	Example I		Example II	
The principal cause of de of importance were as fol	ath and related causes lows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	APP 4 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	# 1s 4 (	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S	July 5,1927	Perilonitis	3 days ago
	· constant			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				1

M	
1	

N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(A)
County Congressed	Registration Dist. No. 338
Village or City Jamore My Mil	No. St., Ward  [f death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Jolland	If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX . 4. COLOR OR RACE OR DIVORCED ("Free tha word)	21. DATE OF DEATH  (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decaased from
6. DATE OF BIRTH (month, day, and year) 3/8/36	
7. AGE Years Months Day's If LESS than	to have occurred on the date stated above, atm,
Sulta Coming or min.	and the follows
9 Trade protession or particular	Date of onset
SAWYER, BUUNNEEPER, etc.	Instably due Ga
9. Industry or business in which work was done, as SILK MILL,	Tall morher had
SAW MILL, BANK, atc	Some days byon
this occupation (month and spant in this occupation	confinement.
seems frequence CT	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	<b>/</b>
111111111111111111111111111111111111111	5
I	No. of condition
(Stata/Oncountry)	Name of operation
15. MAIDEN NAMERING Marie Jones	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:
Assan C1 1-// 1	Accident, suicide, or homicide?
16. BIRTHPLACE (city of town)	Where did injury occur?
17. INVOKMANT Served Itelland	(Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Father Fare Data Meh. P. 1936	Nature of injury
19. UNDERTAKER Frank Holland	24. Was disease or injury in any way related to occupation of decaasad?
(Addrass) Premate Cy. 16.1.2	If so, spacify
20. FILED Week 8, 19.36 John J. Registrar.	(Signed) M. (Address) Herman G.T. M.d
	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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. Example, I	11	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

(1)

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County 4 orchestic	Registration Dist. No. 353
Village or City Bisholaville md	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residenca in city or town where death occurredyrsmos.	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mary U. Holle	and .
(a) Residence: No. Physical Ind	R.F. Ward.
(Usual place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  3. SEX   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	3 30 193 6
5e. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of John Holland	22. 3 - 1 HEREBY CERTIFY, That I ettended deceased from 2 8 - 1936, to 3 - 2 8 , 1936
6. DATE OF BIRTH month, day, and year to her senous	I last saw h la alive on 3 - 2 8 - 1936; death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3 9 e m.
about 37 Ths. I day,hrs.	Tha PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as PINNER, SAWYER, BOOKKEEPER, etc.	Sephremia following 3-24-36
SAWTER, BOUNTEEPER, etc.  Industry or businass in which work was done, as SILK MILL, NOVEL SAW MILL, BANK, etc.	
10. Date daceased last worked at this occupation (mgnth and year)	
12. BIRTHPLACE (city or town) Bushoffill md.  (State or country)	Other Contributory Causes of importance:
13. NAME George montes	
13. NAME Seorge Marling 14. BIRTHPLACE (city or town) Shorts Hill ma (State or country)	Name of operation
	What test confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME DOLLAS DONAGE  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?
E (State or country)	Where did injury occur?
17. INFORMANT Change (Address) DEV Bulloh med.	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL CENTERISE	Manner of injury
Place Date Cofsel 1, 1936	Nature of injury
19. UNDERTAKER 7 W Water Ne (Addrass)	24. Was disease or injury In any way related to occupation of deceased?
	6-11

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
	who
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year
	Run over by street car  Peritonitis  Other contributory causes of importance:

V. S. No. 1 N. B.

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	/
ERMANENT REC	EXACTLY.	y classified. Exa	te.
THIS IS A P	ld be stated	ay be properly	ck of certifica
FADING INK-	ied. AGE shou	ms, so that it m	structions on ba
Y, WITH UN	carefully suppl	I'H in plain terr	ortant. See in
-WRITE PLAIN	mation should be	CAUSE OF DEAT	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 3491
1. PLACE OF DEATH	93-0
county Worcesler.	Registration Dist. No. 355
Village or City Berlie.	
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrs,mosds.
2. FULL NAME Lambert M. Jarma	If U. S. Veteran, specify WAR
(a) Residence: No. / Berlin / mal	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male white or DIVORCED ("write the word)	Mar. 29 193 6
5a. If merried, widowed, or divorced	(Month) (Dey) (Yeer)
HUSBAND of (or) WIFE of (0)	22. That I attended deceased from
The train farman.	193 b, to 1970 1996
6. DATE OF BIRTH (month, dey, end yeer) Wee, 18, 1865	A last sew h alive on Man., 1930; deeth is said
7. AGE Yeers Months Deys If LESS then I day,hrs.	to have occurred on the dete stated above, etm. The PRINCIPAL CAUSE OF DEATH end releted ceuses of importance
( ormin,	were es follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEFPER, etc.	My ocarrico vence finik
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year) occupation	
12, BIRTHPLACE (city or town) Maryland	Other Contributory Causes of importance:
(Steta or country)	THE STATE OF THE S
13. NAME Leone Warner Jarman.	unia.
13. NAME Deorge Warner farman  14. BIRTHPLACE (city of town) Mary Jouel.	Neme of operation Date of
(Stete or country)	Whet test confirmed diegnosis? Wes there en autopsy?
15. MAIDEN NAMES arah an Brittinghan	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Maryland,	Accident, suicide, or homicide? Dete of injury19
(Stete or country)	Where did Injury occur?
17. INFORMANT Ms. L.D. Jarman (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Eury Selw Dete Mar 31, 1936	Neture of injury
19. UNDERTAKER Q. W. Burbage	24. Was disease or injury in any way related to occupation of deceesed?
(Address) Berly M.	If so, specify
20, FILED 3-31- 186 Helen F. Hayward	(Signed) Mellin John M. D.
Registrar.	(Address) Bolle hin

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I			Example II	
The principal cause of death and related of importance were as follows:	causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis APR 3	1936	1921	Run over by street cor	1 week ago
Cerebral hemorrhage	¥. 5.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance	:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
			The state of the s	

V. S. No. 1

County OCCUPATED	.iuire et	Registration Dist. No. 35/	
Langth of residence in city or town where death		NoSt,St death occurred in a hospital or institution, give its NAME instead of street and numb sds. How long in U.S. if of foreign birth?	Ward er) ds.
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
male Col "	SINGLE, MARRIED, WIDOWED.  OR DIVORCED twite the word)	21. DATE OF DEATH 3/ (Month) (Day) 193	(Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of	γ	22. Meh 12 1936 to Wich 12	sad from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days   If LESS than	I last saw h / Lanalive on Moh 12 , 1936; day to have occurred on the data stated above, at 6 4 m.	th Is said
/ / /	4   1 day,hrs	ware se follows.	te ol onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	one	Trobalely Bornoho- premiuma 7	rod 1
9. Industry or Dustinass in which work was dona, as SILK MILL, SAW MILL, BANK, etc	11. Total time (years)	he had a corps the	
this occupation (month and year)	spant in this occupation	Othar Coutributory Causes of Importance:	
12. BIRTHPLACE (city or town)	my		
13. NAME John to	nes		
13. NAME  14. BIRTHPLAGE (alty or town)  (Stata or country)	f	Name of operation Date of What test confirmed diagnosis? Was there an autop:	ev?
15. MAIDEN NAM Jaure	rictor	23. If death was dua to external causes (VIOLENCE) fill in also the following:	,
15. MAIDEN NAME (LILL)  16. BIRTHPLACE (city or town)  (State or county)		Accident, suicide, or homicide? Date of injury,	19
17. INFORMANT Space Allers Amow Hill	rotor	Where did injury occur?  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
18. BURIAL CREMATION OR REMOVAL	re april / 1936	Manner of injury	
19. UNDERTAKER / Jame + h	emis	24. Was disease or injury in any way related to occupation of decaased?	
20. FILED 3/3/ 1936 RERA	y Sheet	(Signad) All A. Meig	M. D

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows:--Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago RHDEAL Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroen teritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI.	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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)	Jo	plu	) (CC
	item	sho	) jo
	D. Every	SICIANS	tatement
	T RECOR	Y. PHY	Exact s
ARGIN RESERVED FOR BINDING	RMANENT	SXACTL	classified.
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3	HIS	pe	pe
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AKGIL	UNFAD	supplied.	terms, s
	WITH	efully	in plain
•	EWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
1.6	WRITE	mation sh	CAUSE (

B. - WRITE PLAINLY,

V. S. No. 1

STATE OF	MARYLAND—CERTIFICATE OF DEATH	34
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1. PLACE (	of DEAT			- 10 m.c.	CONTANTE LIMITE	BI	Registration Di	iet No.	50
Village or	City Roc	omoke (	City HIM	(II	No. R.F.D. death occurred in a hospital ds. How long in	or institution,	rive its NAME in	St.,	number)
2. FULL N	AME_Jo	sephine	. II. Land	ling	If U. S. V	eteran, spec	ify WAR		
					St., Ward.		X		
PERSO	NAI ANI	STATIST	(Usual place		MEDIC			ve city or town and	d State
3. SEX Female	4. COLOR	OR RACE	5. SINGLE, MAR	RIED, WIDOWED, D (write the word)	21. DATE OF DE Pocomoke C	ATH		7th.	, 193_6 (Year)
	Wm.La	wson La	nding		FED. 21	EBY C	ERTIFY.		decaased from
	ears	and year) F €  Months  **	Days	9th . 1867  If LESS than  1 day,hrs.	I last saw h_S_S alive to have occurred on the company of the principal cause were as follows:	date stated abo	ve, at 12.0	O.M. M.	æ; death is said
SAWY No. Industry of work with SAW Months of this octains of the same of the s	r business in vas done, as SI 11LL, BANK, et ased last work cupation (mon	s SPINNER, FER, etc. FER,	er Coun	ime (years) nt in this ife upation life	MY O CHRI CORDING CORDING BRONCHINL ARTERIOS EXTREME Other Contributory Cause INTERSTIN	ASTH I ASTH SLER! EXHI	MA MMA DSNS BUSTID	n	
14. BIRTHPLA (State		J.Lambe		unty	Name of operation What test confirmed diag	01		Date of	
16. BIRTHPLA (Stata	CE (city or tov or country)	well wary Mary hry Lam	A.Towns ter Couland. land. bertson	inty	23. If death was dua to axi Accident, suicide, or hom Where did injury occur? Specify whether injury oc	licide?	VIOLENCE) fill i	in also the followin	ng:
18. BURIAL CREM Place C	ation or ri	control of the second	Jeve y, Maryl	h10th.186.	Manner of injury  Nature of injury  24. Was disease or injury  If so, specify				
20. FILED Plus	6.9,1	956 fo	hon F. 1	Registrar.	(Signed)(Address)	C.		-Ks	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

N. B.-

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	
1. PLACE OF DEATH		(3)	1
County Worcesler		Registration Dist. No. 3	-
Village or City Stockton	<u></u>	No	Ward
Length of residence in city or town where deat		death occurred in a hospital or institution, give its NAME instead of street and a second of the sec	
111	COO TAA	* All .	sds.
2. FULL NAME // Mana	Eller Mi	elle X	
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town and the state of the stat	C
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH	State
	SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Female bestored	OR DIVORCED (write the word)	Mah 14. (Month) (Day)	193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marcho	ille.	22. 1 HEREBY CERTIFY. That I attended of	leceased from
1864 0	nue	1936 to Men 13,	, 19.3.6.
6. DATE OF BIRTH (month, day, and year)	Henown	I last saw h Ls aliva on Mch. 13	; death is said
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated abova, at 3	
Wort 12	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	nisenoch	Chronic Nephritis	
9. Industry or businass in which work was done, as SILK MILL.		and !	
SAW MILL, BANK, etc		Oralanday Dinease A	
	11. Total tima (years) spent in this 7	various seed	ama
year)	occupation /_ Z	Other Contributory Causes of importance: Deane	Juno
12. BIRTHPLACE (city or town)	Land		
13. NAME Colors Doub	lu		
E NA	11 1	No. of the second secon	
14. BIRTHPLACE (city or town)	Mand	Name of operation Data of	-(
	and andread	What test confirmed diagnosis? Was there an are	
# Juni	m un alle	23. If death was due to external causas (VIDL ENCE) fill in also the following:	
State or country)	I marel	Accident, suicide, or homicide?	, 19
10 44'	T. L.	Where did injury occur?(Specify city or town, county and State	:)
17. INFORMANT tafte (Address)	lette, ind.	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION, DR REMOVAL	ity Sochton me	Manner of Injury	
	Data ( mar. 16, 1986	Nature of injury	
19. UNDERTAKER James Pura (Address)	nul ,	24. Was disaase or injury in any way related to occupation of deceased?	No
20. FILED MANO. 16. , 19 36 M	nun M. Tayla Régistrar.	(Signed) Spling De Cacheless	W M. D.
If more blan	nks are needed, address State Registrar,	Saving The Contract of the Con	

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis AFR ( 1000	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY.

mation should be carefully supplied.

-WRITE PLAIN

TION is very important CAUSE OF DEATH

16. BIRTHPLACE (city or town) (Stete or country)

19. UNDERTAKÉR

(Address)

PHYSICIANS should state Every item of infor-

JPA-	1. PLACE	STATE (	OF MARYLAND—	CERTIFICATE OF DEATH	25
of OCCUP	Village	Marce or City Poco		No. St., death occurred in a horpital or institution, give its NAME instead of street and	Nard
statement	2. FULL	name // // // // Name: Name // // // // // // // // // // // // //	death occurred yrs mos	ds. How long in U.S. If of foreign birth?	
lct	PERS	ONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
l. Exact	Jeeces Tecces	6 White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May (3)	, 193 6 (Year)
be properly classified of certificate.	6. DATE OF BII 7. AGE  8. Trade, king Say	Years Months  Torofession, or particular of work done, as SPINNER, AVYER, BDOKKEEPER, etc	Days If LESS than 1 day, hrs. or min.	1 I HEREBY CERTIFY, That I attended  1 I last saw h and alive on 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1934
erms, so that it may instructions on back	1D. Date do this yea	y or business in which k was done, as SILK MILL, V MILL, BANK, etc sceased lest worked et occupation (month and r) E (city or town)	11. Total time (years) spent in this occupation	Other Contributory Causes of importance:	gday
ain t	13. NAME	LACE (city or town)	Riley	Name of operation Date of What test confirmed diagnosis? Was there an a	
TH in pl		LACE (city or town)	the leeser	23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide?	g:

V. S. No. 1

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Specify city or town, county and State)
Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.

Where did injury occur?\_\_\_\_\_

Manner of injury Nature of Injury.

If so, specify (Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis APP 3 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
9.1 W FU Y. 8.	•		
Other contributory causes of importance:	d.mean.t.	Other contributory causes of importance:	1010
Gallstones	May 1,1923	Gastroenteritis	1 year

A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 3426	
of infor-	1. PLACE OF DEATH	107	
Sel Sel	County Novcessee	Registration Dist. No. 35/	
item of should of OCC	Village or City Onow Kill	NoSt., death occurred in a hospital or institution, give its NAME instead of street and number)	Ward
. 70		ds. How long in U.S. if of foreign blrth?yrsmos	ds.
D. Every SICIANS tatement	2. FULL NAME Caroline V. Jellon	If U. S. Veteran, specify WAR	
TSICIANS	(a) Residence: No(Usual place of abode)	St., Ward.	
	PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH	
r RECO Y. PH Exact	3. SEX  4. COLOB OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DU ORCED (Grite tha word)	21. DATE OF DEATH arch	6
NEN CTL ifed.	5a. If marriad, widowed, or divorced	(Month) (Day) (Ye	(18
	HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended decease	d from
HEXE.	6. DATE OF BIRTH (month, day, and year) Hele. 23 1839	I last saw her alive on Nich 3 - 1936 death	Is said
	7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at Z	
FOR IS A I stated proper!	96 9 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	farrah.
- 700	8. Trede, profession, or particular kind of work dona, as SPINNER, Jausewife SAWYER, BDOKKEEPER, etc.	Date of	fonset
TEH d p d p p p p p p p p p p p p p p p p		Monoho. puemonia ne	eh?
SERVI NK-T should it may n back	9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc		
o t in I	10. Date daceased last worked at this occupation (months and 1936) spent in this yeer)	<u> </u>	
ING AG AG that		Dther Contributory Causes of importance:	
GIN 'ADII' ied.  ns, so tructi	(State or country)		
ARGIN RIUNFADING UNFADING upplied. AGI terms, so tha	13. NAME Damuels Melson		
10 H 4 V	14. BIRTHPLACE (city or town). SMORW Or seed	Neme of oparation	
F 6	(State of State of St	What test confirmed diagnosis? Wes there an autopsy?	
Y, WIT] carefully IH in pla	15. MAIDEN NAME OSTHER BOUNGEON	23. If death was due to external ceuses (VIOLENCE) fill in also tha following:	
ort H		Accidant, suicide, or homicide?	
AINLY, WI ld be careful DEATH in 1	(State or country)	Where did injury occur? (Specify city or town, county and State)	
PLA should OF DI	17. INFORMANT WAS AND WING R. T. D. 2	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
sh sh	18. BURIAL CREMATION OR REMOVAL	Manner of injury	
ation s ION is	pare Larent Lare	Nature of injury	
I A a	10 HADEPTAKED THEREAL + The	24. Was disease of injury inveny way related to occurration of decaseed?	

(Address)

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Registrar.

If so, spacify
(Signed)

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis PUDEAU V. S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Fuly 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1	1	
ľ	B/F	
	IVI J	
1		

1. PLACE OF DEATH

2. FULL NAME (ISTURE M. Card (1) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
HUSBAND of (or) WIFE of indirect Jackson Porsons.	22. I HEREBY CERTIFY, That I attended deceased from 1932
7. AGE Years Months Days If LESS than	I last saw h. W. alive on March 21, 1936; death is sa to have occurred on the date slated above, at 4 P. m.
Ormin.	The PRINCIPAL CAUSE OF DEATH and related causas of Importance ware as follows:
To. Date deceased last worked at this occupation (month and	Branchs Jonemania 526
12. BIRTHPLACE (city or town) (Stata or country)  (Stata or country)	Other Contributory Causes of Importance:  Adapt Carcine ma,  1936
(State of Country)	Name of operation
16. BIRTHPLACE (city or town) (State or country)	23. If daath was due to axtarnal causes (VIOLENCE) fill in also tha following:  Accident, suicide, or homicida?
18. BURIAL, CREMATION, OR REMOVAL.  Place & Stally file, Som March 23,9 36	Manner of Injury
milliphation	24. Wes disease or injury In any way related to occupation of deceased?
	(a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED ("write the word)  Fig. 15. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word)  Fig. 16. DATE OF BIRTH (month, day, and yeer)  7. AGE  Years  Months  B. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and yaar)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Addrass)  18. BURIAL, CREMATION, OR REMOVAL

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
7.54 3 1886			
Other contributory causes of importance;		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI.	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA. 1. PLACE OF DEATH should Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Langth of residance in city or town where death occurred Co How long in U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_ds. statement 2. FULL NAME U. S. Veteran, specify WAR (a) Residence: No. Ward. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) PERMANENT 5a. If married, widowad, or divorced HUSBAND of I HEREBY CERTIFY. That I attended decassed from (or) WIFE of ..... 19....., Io....... ਹ 6. DATE OF BIRTH (month, day, and year) certificate. 7. AGE Years If LESS than Months Oavs proper to heve occurred on the dete steted above, at \_\_\_\_\_ 1 day, ..... hrs. The PRINCIPAL CAUSE OF DEATH and related causas of importance or .... min. Oate of onset 8. Trade, profession, or particular THIS NO kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.\_\_\_ Ju plnods back may 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc... OCCUP On 10. Data deceased last worked at 11. Total time (years) this occupation (month and spent in this year) ..... occupation ... instructions Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) plain (State or country) be carefully What test confirmed diagnosis? ...... Was there en autopsy? ..... OTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?\_\_\_\_\_\_\_\_ Oate of injury\_\_\_\_\_\_\_\_19\_\_\_\_\_ 16. BIRTHPLACE (city or town)\_\_\_\_\_ DEATH (State or country) Where did injury occur?\_\_\_\_\_ (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE. should 17. INFORMANT (Address) OF 18. BURIAL, CREMATION OR REMOVAL Manner of injury -WRITE CAUSE mation LION Nature of injury. 24. Was disease or injury in any way related to occupation of degaced?\_\_\_\_\_ 19. UNDERTAKER (Address) If so, specify Registrar. (Address) \_\_\_\_\_

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

properly classified.

pe

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

-WRITE PLAINLY,

B

AGE should be

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STATE OF MARYLAND—CERTIFICATE OF DEATH

	1. PLACE OF DEATH	9-20 . 3429
	County Warcister	Registration Dist. No. 352
	Village or City (Occas) City Md.	NoSt., Ward
	A/a (If	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
	2. FULL NAME Cyrus E. Guille	If U. S. Veteran, specify WAR
	(a) Residence: No. Ocean City	St. Ward.
1	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the world)	21. DATE OF DEATH
	5a. If married, widowed, or divorced HUSBAND of	(monta) (bay) (real)
	(or) WIFE of Gard. Queller	22. I HEREBY CERTIFY. That I attended deceased from
	711 1 2 1 2 4 2	
ate	6. DATE OF BIRTH (month, day, end year) H. Z.O. 880 7. AGE Years Months Days If LESS than	I lest saw harman alive on
certificate		The PRINCIPAL CAUSE OF DEATH and related causes of importance
ert	5-6 / 3 1 ady,min.	were as follows: Date of onset
of c	8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	
	2 Industry or business in which	Conte endocartelis
back	work was done, as SILK MILL, barnerses	, v.
on	Dete deceased last worked et this occupation (month and / 9 2 / spent in this	
	this occupation (month and 1936 spent in this occupation	
tion	12. BIRTHPLACE (city or town) Mrd	Other Contributory Causes of importance:
uc	(State or country)	all.
instructions	13. NAME albert to, Geellers	
	14. BIRTHPLACE (city or town)	Name of operation Date of
See	(State or country) Med	What test confirmed diagnosis? Was there an autopsy?
ıţ.	15. MAIDEN NAME Catherine Jonese	23. If death was due to external ceuses (VIDL ENCE) fill in also the following:
important	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury19
por	State or country)	Where did injury occur?
	My En Ouelle.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
very	(Address) Pegan Cett mid	
A A	18. BURIAL, GREMATION, OR REMOVAL	Manner of injury
13	Plece affarelle Date Marc. 25, 1936	Nature of injury
TION	1. W Backlage	24. Was disease or injury in any way related to occupation of degraped?
E	19. UNDERTAKER (Address)	If so, specify
5	3/20 21 11 12 11	(Signed) Chas, I. Haw. M.D.
1	20. FILED 0/23 , 1936 A. M. Registrar.	(Address) RAM: What

V. S. No. 1

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Example	I	11	Example II	
The principal cause of death and of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis APR	3 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	ATT V. S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage   BURE	AU V. D.	July 5, 1927	Peritonitis	3 days ago
and control of the co				
Other contributory causes of impo	ortance:		Other contributory causes of importance:	Self Elg
Gallstones		May 1,1923	Gastroenteritis	1 year

1	STATE OF MARYLAND—	CERTIFICATE OF DEATH 84311
1	1. PLACE OF DEATH	1025
	county Worcesler.	Registration Dist. No. 355
	Village or City Berlin, Liberlytown	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	N	ds. How long in U.S. If of foreign birth?yrsmosds.
	2. FULL NAME Maritia E. Prim	If U. S. Veteran, specify WAR
	(a) Residence: No. Berlin Mark. (Usual place of abode)	Z. Ward.  If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DEVORCED (write the word)	21. DATE OF DEATH 3 2/
50	. If married, wildowed, or divorced	(Month) (Oay) (Year)
56	HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY. That I ettended deceased from
6.	DATE OF BIRTH (month, day, and year) 1846	I last saw her alive on 3 24 //1936; deeth is said
-	AGE Yeers Months Oays If LESS then	to have occurred on the dete stated above, et. 4. P. m.
	90 Tracking 1 dey,hrs.	ware on follows:
NOI	8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Buncho Pnemyma 3-15
UPATION	9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.	
000	10. Date deceased lest worked et this occupation (month and year)	
12	BIRTHPLACE (city or town) Maryland.  (State or country)	Other Contributory Causes of Importance:
ER	13. NAME Idas Resident	
FATHE	14. BIRTHPLACE (city or town) — Lange Management (Stete or country)	Neme of operation Date of What test confirmed diagnosis? Oliver What test confirmed diagnosis?
ER	15. MAIOEN NAME (15. ) Paris	23. If deeth wes due to externel ceuses (VIOL ENCE) fill in also the following:
MOTHE	16. BIRTHPLACE (city or town) Makeyland.  (Stata or country)	Accident, suicide, or homicide?
17	INFORMANT ONS C. D. Pousell (Address)	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18	BURIAL, CREMATION OR REMOVAL Col) Octo March 23,936	Manner of injury
19	UNOERTAKER J. W. Burbone (Address)	24. Was disease or injury in any wey releted to occupetion of deceased?
-	CAUCUSSO CONTRACTOR OF THE CON	If so, specify

4- FINCEN	- Pnem	Awa.	Oate of onset
			-
Other Contributory Causes	of Importance:		-
Neme of operation	osis? Cluucs	Date of	autopsy?
	ernel ceuses (VIOL ENCE) fill		*
Accident, suicide, or homic	cide? [	Date of injury	, 19
Whose did injury conse?		10.	
	(Specify city or surred in INOUSTRY, in HOI	ME, or in PUBLIC PI	LACE.
	(Specify city or curred in INOUSTRY, in HO	ME, or in PUBLIC PI	LACE,
Specify whether injury occ	(Specify city or i urred in INOUSTRY, in HOI	ME, or in PUBLIC PI	LACE,
Specify whether injury occ	eurred in INOUSTRY, in HOI	ME, or in PÚBLIC PI	LACE,
Manner of injury	urred in INOUSTRY, in HOI	ME, or in PÚBLIC PI	ACE.

V. S. No. 1

If more blanks are needed, address State Registrar,

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	1	Example 11	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronie interstitial negoritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
SOFELU Y. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

			te.	certifical	of	TION is very important. See instructions on back of certificate.
UPA	of occ	Exact statement	y classified.	properly	be.	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA
stat	plnods	PHYSICIANS .	EXACTLY	stated	be	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should stat
infor	item of	RECORD, Every	ERMANENT	IS A P	HIS	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor
-	-					

County Village or City Village or State or City Village or City Village or State or City Village or Ci	STATE OF MAR	RYLAND—C	ERTIFICATE	OF DEATH	3431
Village or City  Langth of residence in city or town where death occurred in a hospital or institution, are in NAME indeed of street and sumberly  A. How long in U. S. if of foreign birth?  The Ammedian in City or town and State  PERSONAL AND STATISTICAL PARTICULARS  Langth of residence: No.  (Unal place of shock)  PERSONAL AND STATISTICAL PARTICULARS  Langth of Months of the Color of Recommendation of Recommendatio	1. PLACE OF DEATH		(131)	X 71	
Langth of residence in offly or town where death occurred of the control in a hospital or institution, see in NAME inseed of street and number)  2. FULL NAME  (a) Residence: No.  (basel page of abode)  PERSONAL AND STATISTICAL PARTICULARS  S. SINGLE MARRIED, WIOOVED, OR PLYOKED for which the word)  S. If U. S. Veteran, specify WAR.  (by Ward.  If U. S. Veteran, specify WAR.  St., Ward.  If Benerichant give city or town and State  PERSONAL AND STATISTICAL PARTICULARS  S. SINGLE MARRIED, WIOOVED, OR PLYOKED for which the word)  S. If married, widowed, for divorced (Clay)  (in) Wife of Control of the C	V — //			Registration Dist. No. 3	
2. FULL NAME  (a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  St., Ward.  If JU. S. Veteran, specify WAR.  (b) PERSONAL AND STATISTICAL PARTICULARS  SET A COLOR OR, RACE S. SINGLE, MARRIED, WIGOVED, ONE PLY OF THE STATISTICAL PARTICULARS  SIMPLE OF BIRTH (month, day, and year)  S. DATE OF	Village or City	(If de	NoNo	ution, give its NAME instead of street as	Mard number)
(a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3.5EX  4. COLOR OR, RACE OR PIVOKCED (verice the word)  5. LIT married, widowed, for divorcyd (or) WHE of  5. DATE OF BIRTH (month, day, and year)  7. AGE  7. AGE  8. Trade, profession, or particular RE SAWYER, BOOKKEER, atte.  9. Household and related causas of importance were a strollow.  9. Household and related causas of importance were a strollow.  9. Household and related causas of importance were a strollow.  9. Household and related causas of importance were a strollow.  9. Household and related causas of importance were a strollow.  9. Household and related causas of importance were a strollow.  9. Household and related causas of importance were a strollow.  9. Household and related causas of importance were a strollow.  9. Household and related causas of importance were a strollow.  9. Household and related causas of importance were a strollow.  9. Household and related causas of importance were a strollow.  9. Household and related causas of importance were a strollow.  9. Household and related causas of importance were a strollow.  9. Household and related causas of importance were a strollow.  9. Household and related causas of importance were a strollow.  9. Household and related causas of importance were a strollow.  9. Household and related causas of importance were a strollow.  9. Household and related causas of importance were a strollow.  9. Household and related causas of importance were a strollow.  10. Date described and related causas of importance were a strollow.  11. Household and related causas of importance were a strollow.  12. BIRTIPLACE (city or town).  13. NAME.  14. BIRTIPLACE (city or town).  15. MAINTENANCE (city or town).  16. BIRTIPLACE (city or town).  17. Household and related causas of importance were a strollow.  18. BIRTIPLACE (city or town).  19. Household and related above, al. Household and related	Langth of residence in offy or town where death occurred	/ /			
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PERSONAL AND STATISTICAL PARTICULARS  J. S.			St., Ward.	X .	
22. DATE OF DEATH Models (by divorced work)  3. If married, widowed for divorced (by mile of the word)  3. If married, widowed for divorced (by mile of the word)  3. If married, widowed for divorced (by mile of the word)  3. If married, widowed for divorced (by mile of the word)  3. If married, widowed for divorced (by mile of the word)  3. If married, widowed for divorced (by mile of the word)  3. If married, widowed for divorced (by mile of the word)  3. If married, widowed for divorced (by mile of the word)  3. If married, widowed for divorced (by mile of the word)  3. If married, widowed for divorced (by mile of the word)  3. If married, widowed for divorced (by mile of the word)  3. If married, widowed for divorced (by mile of the word)  4. If married, widowed for divorced (by mile of the word)  4. If married, widowed for divorced (by mile of the word)  4. If married, widowed for divorced (by mile of the word)  5. DATE OF BIRTH (month, day, and year)  5. DATE OF BIRTH (month, day, and year)  6. DATE OF BIRTH (month, day, and year)  1. If the parties of the word of the word)  1. If the parties of the word of the			MEDICAL C		
Sa. If married, wildowed, or divorced (Month)  Sa. If married, wildow on Married, Month, or					
1. HEREBY CERTIFY, That I stended daceased from Museum of Growth o			LI DATE OF DEATING	march 6	, 193 <b>4</b>
(c) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Oays  If IESS than 1 dayhrsormin  8. Trada, profession, or particular and the control of the date stated above, at Jew C.m.  The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:  SAWYER, BOOKKEPER, etc  9. Industry or business in which was done, as SIK MILL, SAW MILL, BARK, etc.  10. Date decased last words affect of this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  Place  18. RIBHAM SEGMATION, OR REMOVAL  Place  19. Junce Tracks  Date  Junce Tracks  Junce Tr	Sa. If married, widowed, or divorced	-			
5. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Oays  If LESS than to have occurred on the date stated above, at Jack Signed The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:  One of the PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:  One of the PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:  One of the PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:  One of the PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:  One of the PRINCIPAL CAUSE OF DEATH and related causas of importance  One of the PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:  One of the PRINCIPAL CAUSE OF DEATH and related causas of importance  One of the PRINCIPAL CAUSE OF DEATH and related causas of importance  One of the PRINCIPAL CAUSE OF DEATH and related causas of importance  One of the PRINCIPAL CAUSE OF DEATH and related causas of importance  One of the PRINCIPAL CAUSE OF DEATH and related causas of importance  One of the PRINCIPAL CAUSE OF DEATH and related causas of importance  One of the PRINCIPAL CAUSE OF DEATH and related causas of importance  One of the PRINCIPAL CAUSE OF DEATH and related causas of importance  One of the PRINCIPAL CAUSE OF DEATH and related causas of importance  One of the PRINCIPAL CAUSE OF DEATH and related causas of importance  One of the PRINCIPAL CAUSE OF DEATH and related causas of importance  One of the PRINCIPAL CAUSE OF DEATH and related causas of importance  One of the PRINCIPAL CAUSE OF DEATH and related causas of importance  One of the PRINCIPAL CAUSE OF DEATH and related causas of importance  One of the PRINCIPAL CAUSE OF DEATH and related causas of importance  One of the PRINCIPAL CAUSE OF DEATH and related causas of importance  One of the PRINCIPAL CAUSE OF THE PRINC	(or) WIFE of Some Rec	d	Works HEREB	· das 0	led daceasad from
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1 day, hrs. or min.  8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  11. Total time (years) or country)  12. BIRTHPLACE (city or town) (Stata or country)  13. NAME  14. BIRTHPLACE (city or town) (Stata or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (Stata or country)  17. INFORMANT  (Address)  18. RURIAL REMATION, OR REMOVAL  Place  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Signed)  19. What as to country in any way related to occupation of dacassed: And the confirmed injury  Name of injury  18. Onto the country in any way related to occupation of dacassed: And the confirmed injury  Nature of injury  Natu				1 1,70.	. Jar., ucatii is sai
8. Trada profession, or particular as SPINNER (SAWYER, BOOKKEPER, etc.)  9. Industry or business in which was done as SPINNER (SAWYER, BOOKKEPER, etc.)  10. Date deceased last worked at (his occupation (month and year))  11. Total time (years) occupation (month and year)  12. BIRTHPLACE (city or town)  (Stata or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stata or country)  17. INFORMANT  (Address)  18. BUDIAL REMAYION, OR REMOVAL  Place  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  24. Was disease or injury in any way related to occupation of dacased? *** Of the place of the purpose of th	73 5 24	1 day,hrs.	The PRINCIPAL CAUSE OF DEA		10.
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In this work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANY (Address)  17. INFORMANY (Address)  18. BIBIPIAN EDENGATION, OR REMOVAL (Address)  19. UNDERTAKER (Address)  10. Date deceased last worked at this pent in this occupation is open in this occupation of dacased?  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. (Signed)  10. Date of Injury  Nature of injury  15. Manner of injury  Nature of injury  Nature of injury  19. (Signed)  10. Date of Injury  Nature of injury  19. (Signed)  10. Date of Injury  Nature of injury  Nature of injury  19. (Signed)  10. Date of Injury  Nature of injury  19. (Signed)  10. Date of Injury  Nature of injury  19. (Signed)  10. Date of Injury  Nature of injury  19. (Signed)  10. Date of Injury  Nature of injury  19. (Signed)  10. Date of Injury  Nature of Injury  19. (Signed)  10. Date of Injury  19. (Signed)  10. Date of Injury  10. Date of Injury  Nature of Injury  10. Date of Injury  Nature of Injury  10. Date of Injury  Nature of Injury  10. Date of Injury  10. Date of Injury  Nature of Injury  10. Date of Injury  10. Date of Injury  Nature of Injury  10. Date of Injury  Nature of Injury  11. Total time (years)  12. Date of Injury  13. Name  14. BIRTHPLACE (city or town)  15. Manner of Injury  16. BIRTHPLACE (city or town)  17. Information  18. BIRTHPLACE (city or town)  19. Undertaken  19.		more	Phromic	dephine	
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(State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stata or country)  What test confirmed diagnosis?  Accident, suicide, or homicide?  Where did injury occur?  (Address)  17. INFORMANT  (Address)  Manner of injury  Name of operation  What test confirmed diagnosis?  Was thara an autopsy?  23. If death was due to external causas (VIOLENCE) fill in also tha following:  Accident, suicide, or homicide?  Accident, suicide, or homicide?  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Nature of injury  19. UNOERTAKER  (Address)  19. Was disease or injury in any way related to occupation of dacaased?  15 so, specify  (Signed)  Manual  M.  (Signed)  Manual  M.  M.  M.  M.  M.  M.  M.  M.  M.  M	12. RIRTHPLACE (city or town) Warces	teo Cho.	Other Contributory Causes of Imp	ortance:	6 anos
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What test confirmed diagnosis? Was thara an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (Stata or country)  17. INFORMANT (Address)  18. BURIAL REMATION, OR BEMOVAL Place (Address)  19. UNDERTAKER (Address) (Address) (Address) (Address) (A	14. BIRTHPLACE (city or town) Warce	tu teo,	Name of operation	Date o	f
(Address)  17. INFORMANT  (Address)	(State or country)	eger,	What test confirmed diagnosis?	Was thara	an autopsy?
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Place To altrow, May Daje 1936 Nature of injury  24. Was disease or injury in any way related to occupation of dacased? No  (Address) 16 so, specify  (Signed) 15 for Man (A., 1936) Many M. Janfor  (Signed) 17 for M. M.	711	9	Manner of injury		
19. UNDERTAKER CONTROL OF THE CONTRO	Place Date Date Date	WO-,1936			
20. FILEO Mar 6, 1936 Mary M. Taylor (Signed) John D. Alekerson M.	19. UNDERTAKER VORUSTE P. Str	veren		way related to occupation of dacaased?	do
20. FILEO 11100 a., 1930	(Address) focus so le	to rel		10 10	
	20. FILEO Mar. 6, , 1936 (mary)		1,0000	eletow Md	M. I

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	+ 77		Example II	
The principal cause of death and related ca of importance were as follows:	uses	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	3	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	, 00	1921	Run over by street car	1 week ago
Cerebral hemorrhage	16	July 5, 1927	Peritonitis	3 days ago
0	9	1000		
	2	V2-4		
Other contributory causes of importance			Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	22.0
County Worcester LIMITO .	Registration Dist. No. 35/
Village or City Smow Hill	
d/ (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidence in city or town where death occurred 26 yrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Darah W. Kiley	If U. S. Veteran, specify WAR 19.
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  3. \$EX	
3. SEX 4. COLOR, OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write file word)	21. DATE OF DEATHMANCH 12 193 6
Temale While Widowld	(Month) (Day) (Year)
5a. If married, widowed, or diversed HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY, Thet I attended deceased from
John N. Miley	Non 9 1936,10 Meh 12, 1936
6. DATE OF BIRTH (monty, day, and year) March 7 1850	I last saw h And alive on Meh 12 , 19 3 6; deeth is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 2 A.m.
86 0 5 I dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:
Z 8. Trada, profession, or particular	P Date of onset
kind of work done, es SPINNER.	Paralyses both Dedis
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	me les Ciribral
SAW MILL, BANK, etc	humbroge sich 9
this occupation (month and 1915) spent in this occupation was spent in this	
0 0	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)  (State or country)	
13. NAME JOSIAN DOULAN	
13. NAME Tosiah Maylor  14. BIRTHPLACE (city or town) Mass (State or country)	Name of operation
4 14. BIRTHPLACE (city or town)	What test confirmed diagnosis? Was there en eutopsy?
IS. MAIDEN NAME Cinn Dale	23. If deeth wes due to externel ceuses (VIOLENCE) fill In also the following:
I A A	Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town)	Where did Injury occur?
17. INFORMANT Mily William Cherif	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Snow Hall my	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place M. G. Ceny. Dar March 14, 1936	Neture of injury
19. UNDERTAKER Glarne + Demise	24. Was disease or injury in any wey related to occupation of deceased?
(Address) Show Hill mg	If so, specify
20. FILED 3/12 1936 LE Car South.	(Signed) Digit A. July M. D.
Registrar.	(Address) Juny Hell Ind.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis & 4	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
APR 8 1996			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE F	FOR FU	RTHER S	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
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V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	107-21
County Warlester	Registration Dist. No. 33 <sup>-</sup> 2
Village or City / feed ash	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Priston Nell	If U. S. Veteran, specify WAR
(a) Residence: No. Manage (Usua Aplace of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Month  (Month)  (Oay)  (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. Mar. 10, 1936, to Mar. 11, 1936.
6. DATE OF BIRTH (month, day, and year) 10.11. 15 1935	I last saw h. wat alive on Mar 10 ,1936, death is said
7. AGE Yaars   Months   Oays   If LESS than	to have occurrad on the date stated above, at 3 F. m.
3 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:
8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	(Brouchial)
9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc	
10. Date deceased last worked at this occupation (month and yaar)  yaar)  11. Total tima (yaars) spent in this occupation	
12. BIRTHPLACE (city or town).	Other Contributory Causes of Importance:
(State or country)	typotens
14. BIRTYPLACE (city or town)	Name of operation. Posse Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Elly Selby	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, sulcide, or homicide?Oate of Injury,19
17. INFORMANT. A Shiga Selly mo	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL  Place Tural Data May, 13, 1936	Mannar of injury
19. UNDERTAKER LE MA BUST TO SELLE MAN SELLE M	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO Well /3, 1936 IN Mumford	(Signed) M. D.

If more blanks are needed, addless State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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ed causes			
1930	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
IIVS	1921	Run over by street car	1 week ago
	July 5,1927	Peritonitis	3 days ago
ce:		Other contributory causes of importance:	
41	May 1,1923	Gastroenteritis	1 year
	3 1936 11 V E	1915 1921 July 5, 1927	Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

properly classified.

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CAUSE OF DEATH in plain terms, so that it may

AGE should be

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(		N.	1	)
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STATE OF MARYLAND-CERTIFICATE OF DEATH

	1. PLACE	OF DEAT	H		LAND	- Tab	OI DEA	34	134
	County	Wa	reeste	2	Α	<u>(9</u> )	Registration	Dist. No. 35	2
	Village or	/	news	ih	and	No		St.,	Ward
		/	y or town whara de	eath occurred A		death occurred in a hospital or instit			
	2. FULL N	AME	130	Lu	ence	If U. S. Veteran	specify WAR		
			no.	10011	ma	St Ward.	, speerly trans	*******	
	(a) Resid	ence: No	1/20	(Usual place		,_/_St.,walu.	If nonresident	give city or town and	State
	PERSO	NAL ANI	D STATISTI	CAL PARTI	CULARS	MEDICAL C	CERTIFICATE	OF DEATH	
3.	Male	4. COLOF	OR RACE		RIED, WIDOWED,  (write the word)	21. DATE OF DEATH	arch (Month)	20 (Day)	., 193 6 (Yaar)
5a	. If married, wid HUSBAND of	lowed, or divor	ced						
	(or) WIFE of	m	andy	Spe	me	HEREB	Y CERTIF	Y. That I attanded Mach	deceased from
6.	DATE OF BIRT	H (month, day,	and vanty	nous	1863	I last saw h Lag alive on	mary	10, 1936	?; death is sald
7.	AGE	Years	Months	Days	If LESS than	to heve occurred on the date sta	ted ebova, at	Иm.	
7.		03			1 day,hrs.	The PRINCIPAL CAUSE OF DEA	ATH and related caus	es of importance	Date of onset
		ofession, or pa		4:		40	·		Date of ousef
0 0	SAWY	of work done, a ER, BOOKKEE	PER, atc			Epin he	three	×	
CUPA	work w	or businass in was done, as S	ILK MILL.	Human	111)				-
	The second secon	MILL, BANK, a eased last worl	V	11. Total ti	ma (veare)				
ō	this oc	ccupation (mon	th and	span	tin this				
			2111	10		Other Contributory Causes of im	portance:		
HER   H OC	2. BIRTHPLACE (State or c		- FUU	1-1-1-1					
2 2	1	1:110	Pota	Shen					
	13. WAIIL	your	www	- just	W				
FAT		ACE (city or too or country)	wn)	not:		Neme of operation What test confirmed diagnosis?_			
3 2	15. MAIDEN	NAME	1	Betsy	Spence				
MOTHE	200 1111110211			7		23. If death wes due to external c			-
MO	16. BIRTHPLA	ACE (city or to) or couptry)	wn)	1-1/	Md	Where did injury occur?	- * * * * * * * * * * * * * * * * * * *	Date of Injury	, 17
IS very important.	7. INFORMANT	Mu	andy	In	ener	Specify whether injury occurred	(Specify city or in INDUSTRY, In HC	town, county and Sta DME, or in PUBLIC P	ate) LACE,
1	(Address) 8. BURIAL, CREM		FMOVAL	my no	yna:				
13	Place A	Leur	ach M	( Chata ///	WH 21931	Manner of injury			
1	9. UNDERTAKER	1.	U. B	urfa	gr.	24. Was diseasa or injury in eny	way ralated to occup	ation of deceased?	714
-	(Addrass)		Jour	ling	1 and	If so, specify	2. 12.	No.	
) 2	O. FILED. ZM	breh 2	636 D	W Me	Registrar.	(Signed) (Address)	Bish	Jaw	M. D.
-			If more	blanks are needed, a	Adress State Registrar,	2411 N. Charles Street, Baltimore, 1	Requesting V. S. No.	I.	

mation-should be carefully supplied. -WRITE PLAINLY, Ë

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUDEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

item of	pluods	of OCC	
. Every	ICIANS	tement	
RECORD	PHYS	Exact sta	
ANENT	ACTLY.	ssified. I	
N PERM	ed EX	erly class	icate.
SI SI	e state	e prop	f certif
-THI	q plno	may b	back o
INK	KE sh	hat it	no su
(2)			
ADING	ed. At	18, So t	tructio
H UNFADING	supplied. A(	in terms, so t	See instructio
WITH UNFADING	refully supplied. A(	in plain terms, so t	tant. See instructio
AINLY, WITH UNFADING	l be carefully supplied. A(	EATH in plain terms, so t	important. See instructio
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of	nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCC	FION is very important. See instructions on back of certificate.

1. PLACE OF DEATH  County Mapaester Selecty  Village or City occurs to Certy	Registration Dist. No.  No.  No.  No.  No.  St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth? yrs. mos. ds.  If U.S. Veteran, specify WAR  St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR Of RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the world)	21. DATE OF DEATH March 3 - 193 6
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Markel 1. Source 6. DATE OF BIRTH (month, day, and year)	(Month) (Day) (Year)  22. 1 HEREBY CERT1FY. That I attended decaased from 1936, to 3 1936; death Is said
7. AGE Years Months Days If LESS than 1 day, rifs.	to have occurred on the data stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
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12. BIRTHPLACE (city or town) Some set to 1 (State or country) Maryland	Other Contributory Causes of Importanca:
13. NAME Velle and Bourses  14. BIRTHPLACE (city or town) Bland ge  (State or country)	Name of operation.  What test confirmed diegnosis?  Was there an autopsy?
15. MAIDEN NAME da Britinghou  16. BIRTHPLACE (city or town) Downers of Coo  (Stete or country)  17. INFORMANT (Address) Company (Address) Company (Address)	23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?
18. BURIAL GREMATION OF REMOVAL  MCPlace Description of REMOVAL  Date Mary 5 1934	Manner of injury
19. UNDERTAKER SULSING STEEL SOLL (Address) Scould be got to the	24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FILED With. 4. 1936. The T. Registrar.	(Signed) Add ack 4v M.D.  (Addrass) formula Cely Turk

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
APR 3 1986			
Other contributory causes of importance: V. S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	Inty DEATI	rusi	for a		(82-0)	Registration D	ist. No. 353	
Vil	age or City 6			1	No. death occurred in a hospital or inst	ilution, give its NAME	St.,	
2. FU	gth of residence In city  LL NAME  Residence: No.	or town where d	abeli	Time	ds. How long in U.S. i  If U.S. Veleral  St., Ward.	n, specify WAR		
PI	RSONAL AND	STATISTI	(Usual place of		MEDICAL	If nonresident gi	ve city or town and	1 State
3. SEX	ali 4. color		5. SINGLE, MARK		21. DATE OF DEATH		5 (Day)	, 193 (Yeer)
HOZE	ied, widowed, or divorce AND of VIFE of Cynu	7	Tim	mon	22. 1 HEREB		Thet 1 attended	
7. AGE	F BIRTH (month, day, o	Months	Days 20	If LESS than 1 day,hrs. ormin.	I last saw h		m. of importance	_; death is sai
OUPATIOI	ede, profession, or part kind of work done, as SAWYER, BOOKKEEPE dustry or business in v work was dona, es SIL SAW MILL, BANK, etc ta decaased last worke	SPINNER, ER, etcvhich LK MILL,	Petine 11. Total ti	Me (veers)		11 7100		3.1
12. BIRTH	this occupetion (month year) PLACE (city or town) ata or country)	h end $/93$	spen	t in this pation	Other Coatributory Causes of In	nportance:		
13. N/	RTHPLACE (city or town (Stete or country)	Ch /	yan id,	) 	Neme of operation	Zagara.	Date of Was there en	eutopsy?
15. M	RTHPLACE (city or town (State or country)	n)	ma	dson	23. If deeth was due to externel accident, suicide, or homicide?.  Where did injury occur?	(Specify city or to	ata of injury	, 19 nte)
18. BURIA	didress)  CREMATION, OR REI	MOVAL /	Litte L. Date Mass	18, 1936	Specify whether injury occurred	I IN INDUSTRY, In HON	IE, or in PUBLIC PI	LACE.
19. UNDER	01	N' SE	Just.	and.	24. Wes disaese or injury in any	wey raletad to occupat	tion of decaesed?	200
20. FILED	May 8 , 18	36 Jan	ue hyle	Registrar.	(Signed) (Address)	Su	Host	R.M.

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Example I			Example II	2
The principal cause of of importance were as f	eath and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	400 4 3000	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrit	8 APH 4 1000	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S	July 5,1927	Peritonitis	3 days ago
Other contributory cause	es of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
7)			
Other contributory causes of importance:	- 7-5-3	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentéritis	1 year
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ADMEAU V. 8				
Other contributory causes of importance:		Other contributory causes of importance:		
Gollstones .	May 1,1923	Gastroenteritis	1 year	
			THE HALL	

V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	CORPORATE SINGLE OF THE STATE OF
county It gecester	Registration Dist. No. 360
Village or City Locomeo la teal	Y No. St., Ward
Length of residence in pity or town whera daath occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Mandice M.	Well of Weteran, specify WAR
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and Stale
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Grice the word)	21. DATE OF DEATH May, 24, 1936  (Month) (Day) (Yeer)
5a. If married, widowa (, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY. That I attended deceased from
11/98/	Mch 841, 136, 10 Mch 246, 196
6. DATE OF BIRTH (month, day, and year)	I last saw ha alive on well 3 4, 198 6; death is said
7. AGE Years Month's Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at A-L-L,-m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or perticular	were es follows:
8. Trade, profession, or perticular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, atc	Go +
kind of work dona, as SPINNER, SAWYER, BDDKKEPER, atc  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc  1D. Data deceasad last workad at the second in this coccupation (month and	dotar mumoria 3/13/
1D. Data deceasad last worked at 1990, this occupation (month and 1990) 11. Total time (years) spent in this occupation (cupation 1990)	//
12. BIRTHPLACE (city or town) Harcester 69.	Dthar Contributory Causes of Importanca:
(State or country)	Inthema 3/5/2
13. NAME Calagore Persey	
13. NAME (14. BIRTHPLACE (city or town) Warce structory	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Many Color Taylor	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town).	Accident, sulcide, or homicida?
Mu Dans A	Where did injury occur? (Specify city or town, county and State)
(Address We During Tork ) Oal,	Specify whathar Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURAL, OSEMATION, OR REMOVAL Place Data Men 1936	Manner of injury
vocorro la capación	Nature of injury
19. UNDERTAKER ALLA COME OF CO	If so, specify
20. FILED Meh. 26, 1936 John I. Peles, Registrar.	(Signed) M. D.
	(Address) (Addre

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